

UNIVERSITY OF ALASKA ANCHORAGE CARDHOLDER ACCOUNT CLOSE FORM

• ProCard

• Individual Travel Card

• Dept. Travel Card

CARDHOLDER INFORMATION (TYPE OR PRINT)

Cardholder Name:

Procurement Card Number (Last 4 digits only):

Department:

Work Phone:

Reason for Close Request:

IF THE CARDHOLDER IS A RECONCILER, PROVIDE THE NAMES OF ANY CARDHOLDERS FOR WHICH THE DEPARTING CARDHOLDER WAS THEIR RECONCILER. NOTATE WHETHER THE CARD BEING RECONCILED IS A PROCARD (P) OR DEPARTMENT TRAVEL CARD (T) ADDITIONALLY, DESIGNATE A NEW RECONCILER FOR THOSE INDIVIDUALS LISTED.

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New Reconciler § Name:

New Reconciler § E-Mail Address:
